NEWBORN INSTRUCTIONS

East Lake Pediatrics

Mike Jordan, M.D.
Amy Harbage, D.O., M.P.H.
Vicki Skidmore, D.O.
Jennifer Hammond, A.R.N.P., P.N.P.

4150 Woodlands Pkwy Ste B
Palm Harbor, FL 34685
(727) 772-1452

2137 Little Road
Trinity, FL 34655
(727)-372-6760

Board Certified Pediatricians

East Lake Pediatrics

Newborn Instructions – Guideline for Infant Care

Congratulations upon entering one of life's greatest adventures – Parenthood! Although it will be filled with newly acquired responsibilities, frustrations, and concerns, it will be full of countless joys and immeasurable rewards as well. Being a good parent requires time, effort, and patience. It will be challenging due to the various demands and situations you will encounter. As a new parent, you will have many questions arise concerning infant and child care. This booklet will be a helpful guide. This booklet should be used as just that, a guide, since there are several acceptable approaches to any given situation. The information enclosed, combined with your own common sense, will be sufficient in assisting you with handling most problems that may arise, and keeping your baby healthy and happy. For more comprehensive reading on a variety of parenting and child health issues, there are several excellent books available. Two such books that are particularly good are the "American Academy of Pediatrics Caring for Your Baby and Young Child" and "What to Expect the First Year". For individual questions, please feel free to contact our office and we will be happy to discuss any questions or concerns you may have.

Baby's Name: _____ DOB: _____

Birth Weight: _____ Length: _____ Head Circumference: _____

Hospital: _____ Discharge Weight: _____

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East Lake Pediatrics

INTRODUCTION

Our mission at East Lake Pediatrics is to provide outstanding pediatric care that is personalized to the needs of our patients. We know that choosing the right pediatrician is an important decision for parents when considering the health and well being of their child. For this reason, our office is designed for individualized pediatric care and services. Our staff is committed to the health care of all of our patients. We enjoy working with children and are well trained in well care visits as well as childhood illnesses.

We provide patient care services to children of all ages with convenient office hours for families with busy schedules. We are available to you and your family at all times for emergencies. When the office is closed, an answering service will relay all necessary telephone calls to one of our providers. We welcome you to East Lake Pediatrics and look forward to watching your family grow!

Mike Jordan, M.D.:

Dr. Jordan grew up in Palm Harbor and received his undergraduate degree from the University of Florida and his medical degree from the George Washington University School of Medicine in Washington, DC. He completed his pediatric training at the University of Florida Health Science Center in Jacksonville and Wolfson's Children's Hospital.

Upon the completion of his residency, Dr. Jordan worked as a Pediatric Hospitalist at Mease Countryside, Morton Plant, and Tampa Children's Hospital. It was during this time he recognized the need for individualized and personal attention for his young patients.

In August of 2004, he founded East Lake Pediatrics with a vision of creating a pediatric practice with an atmosphere that is conducive not only to providing excellent care to children of all ages but also establishes a warm, friendly environment where families feel at ease when visiting their doctor and interacting with the office personnel.

Dr. Jordan enjoys spending time with his family, fishing, scuba diving and cheering for the Gators.

He is certified by the American Board of Pediatrics.

Amy Harbage, D.O./M.P.H.:

Dr. Harbage is originally from Clarksville, TN and received her undergraduate degree and a Master of Public Health degree from the University of Tennessee in Knoxville. Her medical degree is from the University Of Health Sciences - College Of Osteopathic Medicine in Kansas City, MO. She completed her pediatric training at the University Of South Florida at Tampa General Hospital and All Children's Hospital in St. Petersburg, FL.

Since completing residency in June of 2005, Dr. Harbage worked in primary pediatrics and in the Morton Plant emergency department serving acutely ill children. She joined East Lake Pediatrics in January of 2006 and since then has become a vital member of our team. She enjoys traveling, the outdoors, spending time with her family and friends and most importantly is a proud Tennessee Volunteer.

Dr. Harbage is certified by the American Board of Pediatrics.

Vicki Skidmore, D.O.:

Vicki Skidmore, D.O. is originally from Massachusetts and moved to Clearwater when she was 9 years old. Growing up in Clearwater, she spent most of her free time helping out in the family restaurant but was also a competitive volleyball player.

Dr. Vicki received her undergraduate degree in Biology from Eckerd College in St. Petersburg and received her medical degree is from Nova Southeastern University College of Osteopathic Medicine in Ft. Lauderdale. She completed her pediatric training at the University Of South Florida at Tampa General Hospital and All Children's Hospital in St. Petersburg, FL.

During her residency Dr. Vicki served as Co-Chief Resident and was named Pediatric Resident of the 1st quarter in 2006, Pediatric Resident of the Year in 2007, and Pediatric Cardiology Resident of the Year in 2008.

Jennifer Hammond A.R.N.P., P.N.P.

Jennifer Hammond, A.R.N.P. is a provider at the Trinity office. After growing up in Dade City and she graduated from University of South Florida College of Nursing School and then went on to earn her Advanced Registered Nurse Practioner degree from there as well.

Prior to joining us here at East Lake Pediatrics, Jennifer spent seven years working as a Nurse Practioner for Pediatric Gastroenterology, Hepatology, and Nutrition of Florida at All Children's Hospital. There she specialized in treating infants and children with feeding problems, failure to thrive, reflux, colic, constipation, and abdominal pain along with other serious liver and nutrition issues. In addition to her expertise in dealing with pediatric GI disorders, she is also well-versed in general pediatric care as well and loves working with children.

She is the proud mother of three and loves spending time outdoors with her family.

Insurance Plans:
We accept most major insurance plans. The following is a list of insurance plans we are currently billing. If you do not see your plan, please contact our office.

Aetna
Americhoice
Amerigroup
AvMed
Baycare
Blue Cross/Blue Shield
Cigna
Citrus Healthcare
Evolutions
First Health
Great West
Healthease
Humana
Medicaid/Medipass
PHCS
Staywell
TriCare Standard & Prime
United Health Care

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FIRST WEEKS AT HOME WITH A NEWBORN

PREVENTING FATIGUE AND EXHAUSTION:

For most mothers the first weeks at home with a new baby are often the hardest in their lives. You will probably feel overworked, even overwhelmed. Inadequate sleep will leave you fatigued. Caring for a baby can be a lonely and stressful responsibility. You may wonder if you will ever catch up on your rest or work. The solution to this is to ask for help. No one should be expected to care for a young baby alone.

Every baby awakens one or more times per night. The key to avoiding sleep deprivation is to know the total amount of sleep that you need per day and obtain it in bits and pieces. Try going to bed earlier in the evening. When your baby naps it is vital that you nap also. While you are napping, turn off the telephone and place a sign on the door stating MOTHER AND BABY SLEEPING. If your total sleep remains inadequate, consider hiring a baby sitter, or asking a relative to help. If you do not take care of yourself, you will not be able to take care of your baby.

POSTPARTUM BLUES:

More than 50% of women experience postpartum blues on the third or fourth day after delivery. Symptoms may include tearfulness, tiredness, sadness, and difficulty in thinking clearly. This temporary reaction is linked to the sudden decrease of maternal hormones. Since the symptoms commonly begin on the day of discharge from the hospital, the impact of being totally responsible for a dependent newborn may be a contributing factor as well. Many mothers have the belief that they should be overjoyed about caring for their newborn, and therefore, feel let down and/or guilty about experiencing these symptoms. The symptoms usually diminish as hormone levels return to normal (usually within 1 to 3 weeks), and a routine is developed which provides new parents with a sense of control over life. If the symptoms are not better by the time your baby is one month old, you should contact your physician.

There are several ways to cope with postpartum blues. See the following suggestions to help you through this difficult time.

- Acknowledge your feelings and discuss them with your husband and/or a close friend.
- Do not try to suppress crying, or try to be a "super mom".
- Get adequate rest
- Get help with housework/childcare
- Socialize with others – do not allow yourself to become isolated; try to "go out" at least once a week; go to the hairdresser, visit a friend, go shopping, or see a movie.

THE FATHER'S ROLE:

It is important for fathers to take time off of work to be with mom during labor and delivery, as well as when mom and baby first come home from the hospital. Many fathers often feel left out since most of the attention is usually focused on mom and baby. In addition, many fathers are concerned that they may hurt their baby and/or be unable to comfort him/her if he/she cries. However, it is important for fathers to get involved. Not only will this help mom, it will help to develop a close relationship with the baby as well. Below are some suggestions of activities that a father can use to develop a closer, stronger relationship with his baby.

- Bathe the baby
- Change the baby's diaper
- Assist mom with positioning the baby when breastfeeding
- Feed the baby pumped breast milk or formula once breastfeeding has been established
- Burp the baby
- Walk the baby
- Rock the baby
- Comfort the baby when fussy
- Take the baby for a ride in a stroller
- Play with and talk to the baby
- Read to the baby

VISITORS/OUTINGS:

After the much anticipated arrival of your newborn, many well-meaning friends, family, and neighbors will want to share in your excitement and come by for a visit. As proud new parents, the desire to show off your newborn is normal, and expected. However, it is best to minimize your newborn's contact with unnecessary visitors for at least the first month. It is also recommended to avoid unnecessary outings, and exposure to children, with the exception of siblings. Your newborn's immune system is not equipped to handle all the potential exposure to infectious diseases.

Your baby can be taken outdoors; however, sun exposure should be limited to 10 to 15 minutes at a time. It is important to dress your baby with as many layers of clothing as an adult would wear for the outdoor temperature. The most common mistake is overdressing in the warm Florida weather. Overdressing can cause sweating, and an irritating heat rash. In the winter, the baby will need a hat to prevent heat loss.

PHYSICIAN APPOINTMENTS:

Your baby will have a series of scheduled well child visits. The first visit will be approximately 2 days after discharge from the hospital, 1-2 weeks, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months of age, and yearly thereafter. The physician will perform a complete physical evaluation on the baby and appropriate immunizations will be administered. Please see the immunizations section for a summary of the scheduled immunizations.

It is necessary to schedule a routine newborn exam in the office within 48 hours of discharge from the hospital. The baby will have a full evaluation by the physician. Screening for jaundice, appropriate weight maintenance/gain, voiding and stool patterns, and overall health will be reviewed.

The two week exam is probably one of the most important visits for your baby during the first year of life. Symptoms of any possible physical conditions that were not present during the hospital stay will usually develop by this time.

SLEEP POSITION:

The American Academy of Pediatrics recommends placing your baby in a crib with a firm mattress on his/her back. This reduces the risk of Sudden Infant Death Syndrome (SIDS). To avoid potential smothering unnecessary toys, blankets, and stuffed animals should not be placed in the crib.

JAUNDICE:

Some degree of yellow jaundice is common and normal for your newborn, especially if breastfeeding. If it becomes significant, your baby may need to be treated with special light therapy. At times we have to supplement a jaundiced baby for better hydration. Jaundice (bilirubin) levels may need to be performed on your infant, which requires a simple heel stick to collect a small amount of blood to determine what intervention, if any, needs to take place.

INFECTION:

Your infant may need to be observed closely for signs of infection if you have been ill near the time of delivery, or if your water broke, or leaked for an extended period of time. If necessary, your baby may need to be kept in the hospital for evaluation and treatment.

METABOLIC PROBLEMS:

Occasionally, infants may have problems with the level of blood sugar, calcium, etc. This is especially true of infants of diabetic mothers, infants large for gestational age, and premature infants. All infants are screened for inherited metabolic problems through a test called the "PKU", or "newborn metabolic screen". The test is performed by obtaining a blood sample via a simple heel stick after the baby has had a full 24 hours of feedings. It detects several metabolic diseases including phenylketonuria, congenital hypothyroidism, galactosemia, sickle cell disease, and congenital adrenal hyperplasia.

RESPIRATORY PROBLEMS:

Occasionally newborns can develop breathing difficulties of varying degrees. This is common in premature infants, very large infants, and infants born by C-section. If the problem becomes severe, your baby will be managed in the Neonatal Care Unit.

WEIGHT LOSS:

All babies lose a few ounces during the first few days after birth. However, a baby should never lose more than 7 % of their birth weight. Most bottle-fed babies are back to their birth weight by 10 days of age; breast-fed babies by 14 days of age.

BREAST ENLARGEMENT AND MENSES:

Male as well as female babies may occasionally have enlargement and/or a thin discharge from one or both breasts. The area should not be massaged. Cool compresses may be applied. If redness is noted, please call the office for an appointment. Some female infants experience a white, or thin bloody vaginal discharge. The vaginal area should be cleansed well with warm water only. Care should be taken to cleanse the area from top to bottom. Both conditions are due to hormonal influences from mom, and will clear on their own.

NORMAL BEHAVIOR/DEVELOPMENT:

Below is a summary of what you might see your baby doing between the ages of 0 and 2 weeks old. Each infant is unique, however, so it is difficult to describe exactly what should be expected.

Reflexes:

Reflexive actions: crying, grasping, yawning, swallowing, sucking, blinking, coughing, gagging, sneezing
Grasps whatever is placed in hand
Sucks whatever is placed in his/her mouth
Is startled by sudden noises and movements

Movement:

Jerky, mostly uncontrolled motions
Waves arms, kicks legs, wiggles, and squirms
Cannot turn body or support head without assistance
Cannot sit without support
May turn head from side to side while lying on back

Sleep/Wakefulness:

Usually sleeps from 17 to 20 hours per day
Cries and fusses about 1 to 4 hours per day
Is alert and quiet about 2 to 3 hours per day

Vision:

Cannot focus clearly
Sees best at 8 to 10 inches

Interactive Behaviors and Senses:

Smiles spontaneously and unselectively
Discriminates between some smells
Begins to turn in direction of sound
Begins to distinguish the human voice from other sounds
Is more sensitive to high-pitched voices, especially mother's voice
Is best calmed by a soft, rhythmic voice
Cries a lot
Makes tiny gurgling sounds when content
Shows preference for the human face

Some normal newborn behaviors that concern parents are actually harmless reflexes; not signs of illness. The following is a list of common reflexes that are due to an immature nervous system, and will disappear in 3 or 4 months.

- Chin trembling
- Lower lip quivering
- Hiccups
- Irregular breathing (This is normal if your baby is content, the rate is less than 60 breaths per minute, any pauses are less than 10 seconds long, and your baby doesn't turn blue. Occasionally infants take rapid, progressively deeper, breaths to completely expand their lungs.)
- Sleep noise from breathing and moving
- Sneezing
- Spitting up or belching
- Brief stiffening of the body after a noise or sudden movement (called the startle, or Moro reflex)
- Straining with bowel movements
- Throat clearing (or gurgling sounds of secretions in the throat)
- Trembling or jitteriness of arms and legs are common during crying (Jittery babies are common. Convulsions are rare. During convulsions babies also jerk, blink their eyes, rhythmically suck with their mouths, and don't cry.) If your baby is trembling and not crying, give her something to suck on. If the trembling doesn't stop when your baby is sucking, call our office immediately.

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FEEDING

Providing your baby the best possible nutrition in infancy and early childhood is not only important for maintaining good health, it is necessary for proper growth and development. While breastfeeding is our first choice, the basic approach to feeding your infant is the same whether you have selected to breast or bottle feed. The time spent feeding your child provides him/her with needed love as well as nutrition. This early contact that your infant receives establishes the maternal-child bond that will continue to grow throughout the years. Therefore, regardless of the feeding method you choose, it is important that you try to remain relaxed, confident, and enthused during the process.

BREASTFEEDING:

We strongly encourage mothers to breastfeed if they have the desire and an adequate milk supply. Human milk has a perfectly balanced distribution of protein, fat, carbohydrates, and minerals to provide for all the nutritional needs of your baby. Its composition is unique and changes to meet the varied needs of your baby as he/she develops. It is designed to be easily digestible by your infant's sensitive and immature system, resulting in fewer problems with constipation, gas, and colic. Calcium and iron absorption is better from breast milk, than formula, and it presents a smaller sodium and protein load to the kidneys. In addition, certain protective immune substances called antibodies are secreted by the breast which help your infant combat potential infections by bacteria and viruses, and protect against allergies. Breastfeeding often has the additional positive effect of helping you lose some of the post-pregnancy pounds faster.

While breast feeding, mom's diet may be a normal, regular diet with few exceptions. Food tolerances are individual to each mom and her baby. Food filters into breast milk within 4-6 hours after eating. If you find that a certain food bothers you or your baby, eliminate it from your diet. Foods that commonly cause problems while breastfeeding include: tomatoes, onions, cabbage, broccoli, beans, chocolate, and spicy foods. Prenatal vitamins and iron supplements should be continued. Alcohol consumption and tobacco smoking should be avoided. Plenty of fluids should be consumed with an average of twelve 8-16 ounce glasses per day; water is the healthiest choice. It is not necessary to drink milk to produce milk; however, calcium intake is important. Frequent nutrient-rich meals and snacks are recommended since your body needs extra calories to produce breast milk.

For thousands of years women around the world have been breast feeding and making it look easy. Therefore, many women who chose to breastfeed envision breastfeeding as natural and instinctive. However, many women are surprised and disappointed to discover that the early days of breast feeding can be awkward, exhausting, anxiety producing, and in some cases, simply frustrating. Breastfeeding is a learned skill that can only be mastered by practice and experience. Nearly all new parents are worried that their baby is not getting enough milk. The fact is that normal milk supply *can* be very scant for the first 2-3 days. The key is to be aware of this and not allow yourself to become discouraged. Instead, try to be confident and recognize that all of the time, effort, and love you invest now will soon pay off with big rewards for you and your baby.

Stress and tension can inhibit milk production, therefore, it is important to relax and get comfortable. Experiment with various feeding positions, such as lying in bed, or sitting up, making sure that the baby and your arm are adequately supported to prevent fatigue. Use your free hand to grasp your breast above the areola between your fingers and thumb, and guide the nipple into your baby's open mouth. Be sure that the baby latches onto the entire areola, not just the nipple; otherwise, he/she will not compress the milk glands properly. This will leave your baby

hungry and you sore. It is also important that you make sure that he/she is not sucking on his/her own tongue, and that his/her nose is not covered by your breast.

During the first couple of days, you can expect to be producing only small amounts of pre-milk called colostrum. The colostrum is very high in antibodies. Fortunately, most newborns do well despite their relatively small intake, and will not need supplementation. Most breast fed babies want to eat every 1 ½ to 2 ½ hours (at least 8-10 times per 24 hours). Offer both breasts at each feeding, alternating the side you start with. Since newborns are often very sleepy, try nursing about 5 minutes per side with each feeding the first day, 10 minutes per side the second day, and 15 minutes or more per side thereafter. Once your milk is in, you may want to nurse 10 minutes on the first side, then as long as he/she wants on the second side.

The more your baby suckles at the breast, the more milk your breasts are stimulated to produce. Therefore, try to minimize other forms of sucking such as bottles and pacifiers while breastfeeding is getting established. In certain circumstances you may feel it is necessary, or we may recommend giving oral supplements. Examples of such circumstances include babies who are getting dehydrated, babies with significant jaundice, or where there is a longer than expected delay in establishing good milk supply.

Many parents are concerned that their breast fed infant is not receiving enough since they are unable to see exactly how much milk their baby is taking while nursing. The following patterns are typical of a well-nourished breast-fed baby during the first month of life.

- **You start producing milk abundantly 2 to 4 days after your baby is born.** If your baby seems hungry after most nursings, or you do not think your milk has come in by 5 days after delivery, please call our office.

- **Your baby latches on correctly and sucks rhythmically for at least 10-15 minutes per feeding.** Your baby may pause sometimes while breast-feeding. However, he/she should nurse vigorously during most of the feeding. You should hear your baby swallow regularly while breast-feeding. Allow your baby to remain at the first breast until it is well drained, so he will receive the rich, high-fat hind milk. When your baby starts to suck less vigorously on the first side or begins to doze off, you can burp him/her, change his/her diaper and arouse him/her to take the second breast. Since the first breast gets drained better, begin each feeding on a different side. This way, both breasts will get about the same stimulation and emptying.

- **Your newborn nurses at least 8 times every 24 hours.** Nurse your baby as often as he/she shows hunger cues, such as waking from sleep, becoming alert, bringing a hand to his/her mouth, turning his/her head, or moving his/her mouth or tongue. Remember that crying is a late sign of hunger and a baby may not nurse well after crying too long. You can expect your baby to eat about every 1 ½ to 3 hours, with a single longer stretch (up to 5 hours) between feedings at night. At times you may need to awaken your baby to nurse. Some babies just don't demand to be fed as often as they should, especially in the first few weeks of life.

- **Your baby appears satisfied after nursing and may fall asleep at the second breast.** Breast-fed infants who appear hungry after most feedings - who cry, chew their hands, or often need a pacifier after nursing - may not be getting enough milk.

- **Your breasts feel full before each feeding and softer after your baby has nursed.** After the longest time between feedings at night, your breasts should feel particularly full.

- **Your baby's bowel movements look like cottage cheese and mustard by the 4th or 5th day of life.** Bowel movements that look like cottage cheese and mustard are called "milk stools." If your baby is still having dark meconium, green, or brown stools by 5 days of age, please call our office.

- **Your baby urinates 6 or more times a day once your milk has come in.** The urine should be colorless, not yellow. If it looks like the diaper has reddish brick dust on it after your baby is older than 3 days, your baby's urine probably is too concentrated and your baby may not be getting enough milk.

- **Your baby has 4 or more good-sized bowel movements each day.** Many breast-fed babies have a bowel movement every time they nurse during their first 3 to 4 weeks of life.

- **Your nipples may be a little tender for the first several days of nursing, especially at the beginning of feedings. The discomfort should be nearly gone by the end of the first week of breast-feeding.** Nipple pain that is severe, lasts throughout a feeding, or continues more than 1 week after birth could mean your baby is nursing incorrectly. If your baby does not latch on properly to nurse, your infant may not be getting enough milk.

- **Two or three weeks after delivery you may notice the sensations associated with milk let-down.** Breast-feeding causes the release of the hormone oxytocin, which causes the uterus to cramp. These "after-pains" with breast-feeding are more noticeable than any early breast sensations. They usually go away 7 to 10 days after the birth of your baby. The sensations of milk let-down are tingling, pins-and-needles, or a tightening feeling in your breasts as milk begins to flow. When your milk let-down occurs, your baby may start to gulp milk. Milk may drip or spray from the other breast. You may find that just hearing your baby cry causes your milk to let down, even before your baby starts nursing. If you don't notice any signs of milk let-down, your milk supply may be low.

- **Once your milk comes in, your breast-fed baby should gain weight rapidly - at least 1 ounce each day for the first couple months of life.** The only way to be absolutely certain that your baby is getting enough milk is to have your baby weighed regularly. If your baby is not gaining enough weight, your milk supply may be low or your baby may not be nursing effectively. Such breast-feeding difficulties are easier to overcome if you recognize and treat them early.

PUMPING, STORING, AND HANDLING BREAST MILK:

There may be times when you need to be away from your baby and unable to nurse. You may need to return to work, the baby's father or another person may want to feed the baby, or your baby may not be able to breast-feed for a while because of a medical problem. Regardless of the circumstance, it is best for your baby to be fed milk that has been pumped from your breasts when he/she cannot be breast-fed. Thus, you will want to know how to handle and store your breast milk safely for later use.

Preparation and Hygiene:

- Always wash your hands thoroughly before you pump your breasts.
- A daily shower or bath will keep your breasts clean.
- After each use of a breast pump, wash all the parts that come into contact with your milk using hot soapy water.
- Tell your doctor and your baby's doctor if you become ill or need to take any medication.

Collection of Milk:

- Pour the milk expressed during one pumping session into a clean plastic container. (Plastic is better than glass because some of the immune factors in breast milk stick to glass.) You may use a plastic bottle that has been washed in soapy water and rinsed, or a disposable bottle bag. If you use disposable bottle bags, put one inside another to prevent tears or holes.
- Tightly cap bottles. Do not store bottles with nipples attached. Bottle bags are best closed with a clean rubber band.
- Label each container with your baby's name and the date and time the milk was expressed.
- Put several bottle bags in a larger plastic bag to prevent them from sticking to the freezer shelf.
- For healthy babies who are not in the hospital, it is safe to layer milk collected at different times on the same day in the same bottle. Chill freshly expressed milk in the refrigerator before adding it to previously frozen milk.

Storage of Breast Milk:

- In the refrigerator for at least 72 hours after pumping and 24 hours after thawing (assuming the temperature of the refrigerator is 34°F to 40°F, or 1°C to 4° C)
- In a freezer inside a refrigerator for up to 3 weeks after pumping (assuming the temperature of the freezer is 20°F to 28°F, or -7°C to -2°C)

- In a separate-door freezer for up to 3 months after pumping (assuming the temperature of the freezer is 5°F to 15°F, or -15°C to -9°C)
- In a deep freezer for up to 6 months after pumping (assuming the temperature of the freezer is 0 degrees F or below, or -18 degrees C or below).

Thawing of Milk:

- Slowly in the refrigerator. Volumes of 3 or more ounces (100 or more milliliters) of milk may take several hours to thaw.
- Relatively quickly under running warm water or by placing it in a bowl of warm water. Be sure the top of the container remains above the water at all times.

****Do not thaw milk at room temperature****

Warming Milk:

- Under warm running water
- In a pan of warm water (not over direct heat)
- In a purchased bottle warmer

****Do not warm milk in the microwave****

Additional Recommendations:

- DO NOT overheat milk. Overheating will cause it to curdle and will destroy some immune components.
- DO NOT leave milk at room temperature for more than 1 hour.
- Milk may be reheated and used for the next feeding if it has not been left at room temperature for more than 1 hour. Throw out any milk left after a second feeding.
- DO NOT refreeze thawed milk.
- DO NOT store milk in the door of your freezer, where the temperature may change frequently.
- Always transport milk on ice in an insulated cooler.

FORMULA FEEDING:

Not every mother has the desire to breastfeed, each family must choose which feeding option best suits them. It is important for parents to know that a bottle can be fed to a baby with just as much warmth, love, and affection. Formula feeding does have its advantages. One big advantage is that dad can participate too. Another is that formula fed infants tend to eat less frequently, and therefore, may be easier to conform to a schedule, and/or may sleep through the night sooner.

Milk based formula is designed to imitate, as closely as possible, the contents of breast milk, and to provide for all the nutritional needs of an infant in the first year of life. It is a sufficient form of feeding during the first 6 months of life; it is usually served in conjunction with solids during the following 6 months. Enfamil Lipil is available at food stores, pharmacies, and discount stores. It is available in the following forms:

- Ready to feed – This form is the most convenient, however, more costly. It is available in 4 or 8 ounce bottles, and in 8 or 32 ounce cans. Water is not to be added.
- Concentrate – This form is mixed with equal parts of water
- Powder – This form is even more economical than concentrate. It is mixed with one scoop (provided in the can) to 2 ounces of water.

****It is important to prepare formula according to the directions to ensure proper nutrition****

We at East Lake Pediatrics support the recommendation of the Committee of Nutrition of the American Academy of Pediatrics that you use an iron fortified formula for your baby until he/she is at least 12 months old. Iron is a mineral that is used to make good red blood cells, which carry oxygen in the blood and supply it to all parts of the body. A rapidly growing baby has a great need for iron, not only for day-to-day maintenance but also to constantly replenish iron stores that are being used to support his/her growth. By using an iron-fortified formula, such as Enfamil Lipil with Iron, you are ensuring that your infant has plenty of iron to use when he/she needs it. The amount

of iron in your baby's formula will ***not*** cause gastrointestinal distress such as vomiting, constipation, diarrhea, cramps, gas, or colic, so please do not change or discontinue the iron-fortified formula unless we have advised you to do so.

Upon leaving the hospital, your baby will take 1-2 ounces of formula per feeding. Every week or so thereafter, you will probably observe that your baby will desire more. See the infant feeding summary below for the average formula intake at different ages. There is a broad range of normal formula intake; the best judge of the proper amount for your baby is to follow his/her specific appetite. Remember that your baby may be full before the bottle is empty. Never force him/her to drink more than he/she wishes. Overfeeding can cause your baby to forcibly vomit. When your baby is finished feeding, it is best to discard any remaining formula in the bottle.

AGE	SUGGESTED AMT. OF FEEDING	# FEEDINGS PER DAY
Newborn	2-3 ounces	6-8
2 weeks-3months	3-5 ounces	5-6
3-6 months	5-7 ounces	4-5
6-8 months	6-8 ounces	3-5
8-12 months	6-8 ounces	3-4

Generally, your infant will be ready to eat about every 3-4 ½ hours. If, during the day, your baby goes longer than 4 ½ hours, awaken him/her and feed him/her. On the other hand, if your infant cries in between feedings, you may try other soothing techniques such as holding, rocking, or playing soft music. To avoid excessive air or milk intake it is best to avoid feeding your baby at more frequent intervals. Doing so can cause your baby to become a "grazer" (eating an ounce or so nearly every hour) as well. This can create gas, cramps, stooling problems, irritability, and a need to re-adjust the feedings. After the first month or so, if your baby demonstrates a willingness to sleep through the night, consider yourself fortunate, and allow him/her to sleep until morning. Most babies will be able to sleep through the night by four months of age.

Try burping your baby every ounce or two, as well as at the end of the feeding. Do not worry if he/she does not burp successfully each time. It is common for babies to spit up occasionally as they are burped, however, if your baby vomits forcibly or the amount seems excessive, please call our office.

Cow's milk is not an acceptable alternative to breast milk or formula, and should not be given during the first year. The following are examples of what can occur if cow's milk is used in place of breast milk or formula.

- Allergic reactions
- Low iron content which can cause iron deficiency and anemia
- Injury to the intestinal lining due to milk protein effects
- Butterfat of cow's milk is poorly absorbed depriving your infant of a necessary energy source
- The mineral content greatly exceeds the infant's requirements and physiologic limits, which, combined with the protein excess cause an excessive solute load to the kidney.

We suggest that you plan to wean your baby from the bottle by 12-15 months of age. You can start introducing a sippy cup at 6 months. It is important to never prop a bottle or let your baby have a bottle overnight in the crib. Prolonged bottle use and/or propping can lead to poor teeth, dental cavities, increased ear infections, and greater difficulty in weaning. To avoid burns, bottles should never be warmed in the microwave.

INTRODUCTION OF SOLIDS:

Adequate nutrition for growth is provided by breast milk or formula in the initial months. Your infant will need breast milk or formula until about one year of age. Solid foods can be introduced any time after 4 months of age. Prior to that, your baby's gastrointestinal system is not adapted to handle solid foods. In addition, if solid foods are given earlier, there is a risk of potential allergic reactions. The first solid food usually introduced is infant cereal on a spoon that has been mixed well with formula or breast milk to a thin consistency. Next vegetables and fruits can be introduced followed by meats. To observe for possible allergic reactions, you should wait 3-5 days between each new food. Be relaxed and flexible in your approach to feeding solid foods. Do not get discouraged, or frustrated if your baby does not want to take a particular food. When your baby is ready for a particular food is usually discovered through trial and error. Generally, try introducing foods by their color, starting light and working into the darker,

stronger foods (yellow-orange-green). See the feeding guideline below for examples of how to incorporate solids into your baby's diet. The volumes listed should only be used as a guide.

AGE	BREAKFEAST	LUNCH	DINNER
4 months	2-4 TBSP Infant Cereal	2-4 TBSP Infant Cereal	2-4 TBSP Infant Cereal
5-6 months	4 TBSP Infant Cereal 4 TBSP Strained Fruit	4 TBSP Strained Fruit 4 TBSP Strained Vegs.	4 TBSP Strained Fruit 4 TBSP Strained Vegs.
7-9 months	5 TBSP Infant Cereal 6 TBSP Strained Fruit	4 TBSP Strained Dinner 4 TBSP Strained Vegs 5 TBSP Strained Fruit	4 TBSP Strained Dinner 4 TBSP Strained Vegs 5 TBSP Strained Fruit
10-12 months	8 TBSP Cooked Cereal 6 TBSP Jr. Fruit	6 TBSP Jr. Dinner 5 TBSP Jr. Vegs 6 TBSP Jr. Fruit	6 TBSP Jr. Dinner 5 TBSP Jr. Vegs 6 TBSP Jr. Fruit

VITAMINS AND FLUORIDE:

The American Academy of Pediatrics recommends that breastfed infants be given either a supplemental multivitamin, or a minimum of 16 oz of formula per day to avoid vitamin D deficiency. Commercial infant formula is fortified with all the vitamins and iron your baby needs in the first year, therefore, bottle-fed babies do not require additional supplements.

If fluoride is not added to the natural water supply where you live, fluoride supplementation (daily prescription drops) will need to begin at 6 months. Your individual water company should be contacted to be certain that fluoride has not been added prior to beginning any supplements. Alternatively, formula fed infants may be fed formula that has been mixed with Nursery Water.

STERILIZATION:

We do not feel sterilization is a mandatory procedure when you live where your drinking water is from a properly treated source. If you have well water, you need to boil your water for 10 minutes (plus 1 minute for each 1000 feet of elevation above sea level) or use distilled water until your child is 6 months old.

All utensils used in preparing the formula must be kept scrupulously clean. Measuring pitchers and other utensils should be cleaned well, preferably scalded. Scrub bottles, nipples, and caps with hot, soapy water, and a clean brush. Rinse thoroughly with hot water, making sure to always rinse water through the holes of the nipples to be sure that they are not plugged. Protect bottles by placing them upside-down on a rack or clean towel. Nipples and caps should be stored in a clean, covered jar.

GROWTH CONSIDERATION:

If your baby is gaining weight and growing appropriately, then your particular approach to feeding is working. It is important to remember that your baby's size is directly linked to heredity as well as nutritional intake. There is a wide range of normal weight gain, so do not worry if your infant seems significantly larger or smaller than another baby the same age. At each well baby check, we will review your baby's individual growth and development. If your baby feeds poorly or doesn't appear to be growing well (especially in the first 1-4 weeks), please call our office for an evaluation.

Most obesity in infancy is due to overfeeding. Nursing mothers naturally terminate a feeding when suckling stops, and thus obese breastfed infants are few. When giving formula, remember that your baby does not always have to finish the bottle. If your baby demands more volume or suckling, it is preferable to offer a pacifier or if your baby is greater than 6 months of age, give a little water. An overweight baby is not necessarily the healthiest one. If you feed your baby too much, or too often, you may notice an increase in the number of spit ups, stools, or cramps and gas. Usually this can be corrected by simple changes in feeding routines.

East Lake Pediatrics

CARE TIPS

BATHING:

Until the umbilical cord falls off and the umbilical area is healed, your infant should be given a sponge bath. Submerging the cord could cause infection or interfere with its drying out and falling off. Getting the cord a little wet doesn't matter. The bath should consist mostly of water with little soap. Too much soap will dry your newborn's skin. Any basic, non-perfumed soap is acceptable such as Dove or Johnson's. For the first few months a full bath 2 to 3 times a week is often enough. Gently clean your baby's face and scalp to remove excessive oil and skin debris. Use caution to keep the suds out of your infant's eyes. At the end of the bath, rinse your baby well; soap residue can be irritating. Be sure when washing the genital area on females to use warm water only and wipe from front to back to prevent irritation. This practice along with avoidance of any bubble baths before puberty may help prevent many urinary tract infections and vaginal irritations. Commercial oils, lotions, and powders are not necessary due to your infant's natural protective oils.

EYES:

Mucus often collects on the eyelids and eyelashes. A moist cotton ball can be used to remove the mucus. To clean your baby's eyes be sure to start at the inner corner of his/her eye, closest to his/her nose, and gently wipe outwards toward the outer corner of his/her eye. A clean cotton ball should be used for each eye. If there is pus, or the whites of your baby's eyes and/or the tissues around the eyes are red or swollen, please call the office to schedule an appointment.

NOSE:

Sneezing is normal in the newborn; it is the baby's way of clearing the mucus, which is often present in their nasal passages. If you notice that your infant remains congested, you can instill several drops of saltwater nose drops (1/4 tsp. of salt in a measuring cup of water) into one nostril. Wait 15-30 seconds, then aspirate with a bulb syringe. Repeat this process in the other nostril. Since babies depend on nose breathing while they suck, the best time for this is prior to feedings.

EARS:

It is important to only clean the outside of your infant's ear. NEVER insert a Q-tip into the ear canal. More often this just pushes the wax further down the ear canal, while posing a risk of damaging the eardrum.

UMBILICAL CORD:

The umbilical area may be cleansed with alcohol 3-4 times daily to keep it clean and dry. Care should be taken to ensure that the area at the base and in the crease where the cord is attached is cleansed well. Diapers should be kept folded down below the cord area since air exposure helps the cord stay dry and eventually fall off. The cord usually falls off between 7-21 days after birth. It is normal to see a few drops of blood from the area when the cord detaches. Please call the office for an appointment if the skin surrounding the navel is red, swollen, and tender, or if red streaks are present on your baby's abdomen around the cord.

FINGERNAILS AND TOENAILS:

Cut the toenails straight across to prevent ingrown toenails. When cutting your baby's fingernails, round off the corners of the nails so your baby doesn't scratch himself/herself, or others. Trim the nails once a week after a bath,

when the nails are softened by the bath. Use special baby clippers or scissors. An infant emory board or a dull adult emory board can be used to gently file your baby's nails as well. This technique is often safer since newborns fingernails are often attached to the skin at the tip of their fingers.

CIRCUMCISION:

Plastibell circumcisions require no routine care. The area should simply be kept clean and dry. The plastibell should not be pulled off; it usually falls off on its own in 7-10 days.

Surgical circumcisions require the placement of Vaseline gauze over the head of the penis with every diaper change for 3-5 days to prevent the penis from sticking to the diaper.

With either type of circumcision, it is common for a yellow substance to form on the penis; it is part of the healing process and should not be removed. The foreskin may adhere to the rim of the head of the penis and it should be gently retracted daily. The best time to do this is after a bath when the skin is soft. It is also important to observe the nature of your son's urine stream. The urine should be forceful and shoot out, especially when the baby begins to urinate. If you notice that your baby dribbles his urine, please notify us.

LAUNDRY:

It is best to launder your infant's soiled clothing in a hypoallergenic detergent such as Dreft, Ivory, or Purex Baby, and refrain from using fabric softeners, and/or fabric softener sheets. If using cloth diapers, be sure to launder them separately.

STOOLS:

There is a wide range of normal stooling patterns and colors. Some infants stool with each feeding while others may go several days between a bowel movement. As long as your infant's stool is soft in texture, either pattern is acceptable. Stool colors that should prompt a parent to call our office are red, black, and white. Almost all babies will strain and appear uncomfortable when they stool. As long as the texture remains soft, no intervention is necessary. After 2 months of age, if the stool is hard, and especially if there is evidence of blood streaking from straining, we recommend giving an ounce of diluted apple, pear, white grape, or prune juice ($\frac{1}{2}$ ounce juice, $\frac{1}{2}$ ounce water) 2-4 times per day. Increasing mom's fiber intake can help infants who are strictly breastfed. If the above interventions are unsuccessful, please contact our office.

DIARRHEA:

Diarrhea in an infant can be defined as stools that are more fluid and more frequent than usual. One or two loose stools rarely require specific therapy. Diarrhea usually lasts several days to a week, regardless of the type of treatment. The main goal of treatment is to prevent dehydration. Symptoms of dehydration include: a dry mouth, the absence of tears, infrequent urination (for example, none in 8 hours), and a darker, concentrated urine. Your child needs to drink enough fluids to replace the fluids lost in the diarrhea. Do not expect a quick return to solid bowel movements. If your infant/child appears sick, experiences pain, runs a fever, or passes blood with his/her diarrhea, please notify us.

- **Bottle-fed infants**: If your infant has several loose stools, we recommend taking him/her off milk for 24 hours and replacing with clear liquids. Pedialyte is recommended, especially for young infants, because it has the right balance of salt, minerals, and sugar to keep your baby's blood chemistry normal. Flattened Sprite, diluted Gatorade, and Jello water are OK for toddlers and older children. Fruit juices should be avoided. Do not use plain water, and avoid using red jello since it can be mistaken for blood when it appears in stool. After 24 hours on clear fluids, formula can be resumed. You should start by giving it half-strength ($\frac{1}{2}$ formula, $\frac{1}{2}$ water or pedialyte), then three-quarters strength ($\frac{3}{4}$ formula, $\frac{1}{4}$ water or pedialyte), and finally returning to full strength formula. For older babies previously on solid foods, once the diarrhea stools return toward normal, you may try introducing rice cereal, bananas, and applesauce. Once he/she is doing well, milk and a regular diet can be resumed.

- **Breast-fed infants**: If your breast-fed baby has diarrhea, treatment is straightforward. Continue breast-feeding, but at more frequent intervals. Don't stop breast-feeding your baby because he/she has diarrhea. For

severe (watery and frequent) diarrhea, Pedialyte can be offered between breast-feedings for 6 to 24 hours. You may have to stop breast-feeding temporarily if your baby is too exhausted to nurse and needs intravenous (IV) fluids for severe diarrhea and dehydration. Pump your breasts to maintain milk flow until you can breast-feed again (usually within 12 hours). Remember that something in the mother's diet may cause a breast-fed baby to have more frequent or looser bowel movements--for example, coffee, cola, or herbal teas. If you suspect this, take it out of your diet and see what happens.

DIAPER RASH:

Diaper rashes are usually due to irritation of the skin from a damp diaper. Diaper wipes should be avoided during this period since they tend to sting the irritated skin; instead, wash the diaper area with a soft cloth or cotton and warm water. Use care to clean the creases around the labia of little girls. Pat the area dry with a clean soft cloth. 1% hydrocortisone (no prescription necessary) applied to the area and exposure to the air will work well on mild irritations. A protective ointment, such as Vaseline, can be applied to the skin until healing occurs. If the rash is bright red or does not start getting better after 3 days of warm water cleaning and air exposure, your child probably has a yeast infection. Apply Lotrimin cream (no prescription necessary) four times a day. If the rash does not improve, or if it consists of large water blisters, please call the office for an appointment.

FACE RASHES:

Newborns often have pinpoint "white heads" surrounded by some reddened areas on their face. These come and go, and do not require any particular care except routine gentle bathing. If the rash seems extensive, or is blistery or has pus, please call our office for an appointment.

Your baby may also get an irritation rash from drooling. This should be cleansed gently with water only, and dried by patting the area. Avoid soap, lotions, creams, or Vaseline unless advised to do so.

CRADLE CAP:

Cradle cap is a common skin condition in babies. It appears as red patches with oily, yellow scales or crusts on the scalp. Hormones from mom cause the oil glands in the skin to become overactive and release more oil than normal. It often begins in the first weeks of life. With treatment it will clear up in a few weeks. Without treatment it will go away on its own after several months. Treatment is to apply an antidandruff shampoo to the scalp once a day. While the hair is lathered, massage your baby's scalp with a soft brush or rough washcloth. Baby oil can be used to soften the scales prior to treatment; however, it will not clear the scales on its own.

HICCUPS:

Hiccups are common for new babies. They often occur during or after eating. There is no cause for concern, or intervention (such as sugar water); they will stop on their own.

CRYING:

Crying is your baby's way of communicating. As you get to know your infant, you will learn what he/she is trying to convey to you with his/her different cries. However, it is not uncommon for there to be times when you will be unable to comprehend the cause for the tears. It does not mean that there is necessarily anything wrong with you, or the baby.

Between the ages of 3 weeks and 3 months, some babies will have a fussy period that can last several hours. Your baby may draw up his/her legs and pass gas. His/her face may become beet red, and he/she may be difficult to comfort. Some infants respond simply to being picked up and held. Others prefer being rocked, or going for a ride in the car. Usually there is no magic cure. Just remember, you cannot spoil a newborn by holding and loving them.

SIGNS OF ILLNESS:

Every parent has concerns at one time or another that their infant may be ill. Infants are seen in the office on a regular basis to be examined by the physician to screen for any potential problems. The following list gives examples of what signs of illness parents can watch for. If your baby has any of the following, please call the office to schedule an appointment.

- Sleeping more than usual
- Vomiting repeatedly, or forcefully (not just spitting up)
- Diarrhea (greater than 12-16 stools, liquid stools, stools with an offensive odor, or flecks of blood or mucous)
- Refuses to eat 2 times in a row
- Looks off color – especially if blueness in the lips, yellow eyes, or a general paleness is noted
- Inconsolable
- Temperature greater than 100.4 rectally, or less than 98 rectally in the first 8 weeks of life
- Redness around the umbilical cord, or discharge or odor from the umbilical cord
- Labored, distressed, or rapid breathing
- Bleeding from the circumcision

FACTS ABOUT FEVER:

A fever indicates that your baby has an illness. The degree of fever however, does not always indicate the seriousness of the illness. Most fevers are not harmful and last 2 to 3 days. It is most important to evaluate how your child is acting with the fever. If he/she is still playing, smiling, and eating/drinking well, most likely he/she is not seriously ill.

A fever is: a rectal temperature over 100.4° F (38° C).

Fever is the body's way of fighting infections. Medication should only be used if your child needs it. Generally, medication should be avoided until the temperature reaches 101 degrees or higher, unless your child is uncomfortable. ***Medication should never be given to an infant under 3 months of age for a fever without consulting our office first.*** Otherwise, acetaminophen (Tylenol) can be given every 4 to 6 hours. Aspirin should not be used. A lukewarm bath can be used as well to help lower your child's temperature. It is important to make sure that the water is lukewarm, not hot or cold, and that you do not submerge your child completely in the water. The water level should be at waist level. A washcloth can be used to place water on the chest, back, and head. Alcohol rubs should not be used. It is also helpful to have your child drink plenty of cold fluids and dressed in light clothing. It is important to remember that regardless of the intervention, your child's temperature should only be expected to come down 1 to 3 degrees.

Fever, itself, is not cured by antibiotic therapy. The fever is a symptom, not a disease. Fevers can be caused by either viral or bacterial infections. If the cause is a viral infection, antibiotics will not cure the illness. However, if the cause is a bacterial infection, such as strep throat, pneumonia, or an ear infection, antibiotic therapy will be prescribed. It is important to give any antibiotics prescribed for the full duration of the therapy. Never save "leftover" antibiotics to start them yourself for future illnesses.

THERMOMETER USE:

The preferred method of temperature measure in an ill infant is a rectal temperature. A rectal temperature can be taken with a mercury thermometer, or a digital thermometer. The thermometer should be inserted about 1 inch and left in place for 2-3 minutes with a mercury thermometer, or until the beeping tone is sounded with a digital thermometer. The "normal" body temperature varies throughout the day ranging between 98-100 degrees (highest temperatures in the evening). Tympanic (ear) temperatures are accurate in older children; however, due to improper fit in the ear, they are not as accurate in infants and young children, therefore, should be avoided. Pacifier thermometers, and forehead strips are convenient, but are not very reliable. Axillary temperatures are good for screening as long as the room temperature is neutral, and your child is not over bundled, or underdressed. The thermometer should be placed in a dry armpit for 4 minutes for a mercury thermometer, or until the beeping tone is sounded with a digital thermometer.

TEETHING:

Teething usually begins anytime after 3 months. Signs of teething such as drooling, finger, or thumb sucking, and chewing on hands may occur months prior to this. Teething can cause your baby some discomfort, which can cause the baby to be somewhat irritable. However, it does not cause fevers, diarrhea, vomiting, constipation, or runny nose. In

other words, it will not make your baby sick. Comfort measures such as teething rings, and teething toys may be helpful and occasionally a dose of acetaminophen (Tylenol) may need to be given. Ibuprofen (Advil or Motrin) can be given to infants **over 6 months of age**. Topical medications are usually not effective. Teething biscuits, and cookies should be avoided since they can be a choking hazard.

SAFETY:

Your baby needs full-time supervision and protection. Accidents tend to occur more often as babies begin to roll over, crawl, and grasp. The only place a baby is safe alone is in his/her crib or playpen. Be certain that the spaces between the crib bars are 2 ¾ inches or less and the crib sides are secure and placed in the upright position. Below is a summary of the most common hazards for babies.

Burns – Bath water should be checked with your elbow to prevent scalding.
Hot liquids should be kept out of reach
Do not drink hot liquids with your baby in your lap
Set the water heater to 120 degrees or below

Falls - Never leave your baby unattended on a changing table. The safety strap should be used, and all diaper changing supplies should be ready prior to changing the baby.

Toys – Toys should be too large to swallow, and too tough to break. Be sure that they do not have sharp points or edges

Small and Sharp Objects – Keep pins, buttons, beads, and other small or sharp objects out of baby's reach. If using cloth diapers, be sure to use diaper safety pins with plastic shields.

Smothering – Plastic bags, long toy telephone cords, harnesses, and soft pillows can smother or strangle.
A firm crib mattress and a loose warm covering for a sleeping baby are the safest.
Keep the baby's crib and playpen away from Venetian blind cords.
Do not allow the baby to chew or suck on balloons.

Auto Travel – A car seat is a MUST. Do not hold your baby on your lap.
Use an approved infant carrier placed in the backseat facing backwards.
If possible, avoid placing the car seat behind the side where an airbag is present.

Pools – As soon as an infant is able to crawl, there is a risk of tumbling into the pool. All families with young children and a pool should have a quality pool safety fence at least 4 feet high immediately surrounding the pool. It is important to remember that even children who go to swimming classes should never be considered "water-safe". ALL children must be very closely supervised at all times when in or around any water.

Pacifiers – If you choose to give your baby a pacifier, it is important to use it safely. Be certain that you purchase the type that is a single molded unit; the ones that are jointed have been known to come apart and choke children. The pacifier should NEVER be hung around the baby's neck with cord or string.

IMMUNIZATIONS:

Routine scheduled immunizations are a necessary part of your child's preventative health program. State law mandates that immunizations be completed and current prior to entering school. We follow the current recommendations by the Committee on Infectious Diseases of the American Academy of Pediatrics. Below is the schedule we follow. Prior to administering any vaccinations, the physician will perform a comprehensive physical exam on your child, review each vaccine, and address any questions/concern you may have. An informational sheet on each vaccine will be provided as well.

Newborn Visit:	HBV (1) – Hepatitis B Vaccine
1 Month Visit:	HBV (2) – Hepatitis B Vaccine
2 Month Visit:	DTaP (1) – Diptheria, Tetanus, Pertussis
	Hib (1) – Haemophilus B
	IPV (1) – Injectible Polio
	Prevnar (1) – Pneumococcal
	Rotateq (1) – Rotavirus (oral)
4 Month Visit:	DTaP (2) – Diptheria, Tetanus, Pertussis
	Hib (2) – Haemophilus B
	IPV (2) – Injectible Polio
	Prevnar (2) – Pneumococcal
	Rotateq (2) – Rotavirus (oral)
6 Month Visit:	DTaP (3) – Diptheria, Tetanus, Pertussis
	Hib (3) – Haemophilus B
	Prevnar (3) – Pneumococcal
	Rotateq (3) – Rotavirus (oral)
9 Month Visit:	HBV (3) – Hepatitis B Vaccine
12 Month Visit:	Hib (4) – Haemophilus B
	Prevnar (4) – Pneumococcal
15 Month Visit:	Proquad (1) – Measles, Mumps, Rubella, Varicella
	HAV (1) – Hepatitis A
18 Month Visit:	DTaP (4) – Diptheria, Tetanus, Pertussis
	IPV (3) – Injectible Polio Vaccine
24 Month Visit:	HAV (2) – Hepatitis A Vaccine
5 Year Visit:	DTaP (5) – Diptheria, Tetanus, Pertussis
	IPV (4) – Injectible Polio
	Proquad (2) – Measles, Mumps, Rubella, Varicella
11 Year Visit:	Tdap (1) –Tetanus, Diptheria, Pertussis
	Menactra (1) – Menigococcal
	Gardasil (1) – Human Papilloma Virus (series of 3 over 6 months)

This schedule is subject to change based on recommendations of the CDC, ACIP, and the AAP as well as availability of each vaccine.

DESCRIPTIONS OF IMMUNIZATIONS:

Hepatitis B (HBV):

The hepatitis B virus can cause short-term illness that leads to loss of appetite, tiredness, diarrhea and vomiting, jaundice, and pain in the muscles, joints and stomach. It can cause long-term illness that leads to liver damage (cirrhosis), liver cancer, or death.

Vaccination against hepatitis B prevents this type of hepatitis and the severe liver damage that can occur 20 to 30 years after a person is first infected. More than 5000 adults die each year in the U.S. from hepatitis-related liver cancer or cirrhosis. The younger the age when the infection occurs, the greater the risk of serious problems.

Diphtheria, Tetanus, Pertussis (DTaP):

- **Diphtheria** – Diptheria causes a thick covering in the back of the throat, which can lead to breathing problems, paralysis, heart failure, and even death.
- **Tetanus** – Tetanus, also known as lockjaw, causes a painful tightening of the muscles, usually all over the body. It can lead to "locking" of the jaw causing the inability of opening the mouth or swallowing. It leads to death in 1 out of 10 cases.
- **Pertussis** – Pertussis, also known as whooping cough, is a very dangerous disease, especially for infants. The risk of suffering and death caused by whooping cough is far greater than the possible side effects of the vaccine. A child who has not been immunized against pertussis has a chance of 1 in 3000 of getting whooping cough. In contrast, a child who got the vaccine has a chance of 1 in 2 million of having neurological damage with the vaccine. The risk of children getting pertussis increases if fewer children are immunized.

Haemophilus Influenzae type B (HIB):

Haemophilus influenzae is a type of bacteria that causes several life-threatening diseases in young children (such as meningitis, epiglottitis, and pneumonia). Before the vaccine was available, over 10,000 children in the U.S. developed haemophilus meningitis each year. About 500 of them died and 3800 became mentally retarded, blind, deaf, or got cerebral palsy as a result of the disease. Because of the vaccine, haemophilus influenzae type B is now uncommon in the U.S. The Hib vaccine does not protect against flu and meningitis caused by viruses.

Polio Vaccine (IPV):

Polio is a disease caused by a virus. It enters a child's body through the mouth. Sometimes it does not cause serious illness; however, sometimes it causes paralysis. In some cases it can result in death due to paralysis of the muscles that help breathing. The polio vaccine protects children from this now rare, but crippling disease.

Prevnar/Pneumococcal (PCV 7):

Pneumococcal infections are serious bacterial infections that may cause pneumonia, bloodstream infections, and meningitis. The PCV7 vaccine protects against the 7 types of pneumococcal bacteria that cause most of these serious diseases. The vaccine also prevents a small percentage of ear infections caused by pneumococci. Before the vaccine was available, each year pneumococcal infection caused over 700 cases of meningitis, 13,000 blood infections, and about 5 million ear infections.

Rotateq (Rotavirus):

Rotavirus is the most common cause of severe infection in the intestines, usually causing diarrhea. Although most cases occur between 6 months and 2 years of age, a rotavirus infection may affect people of any age. It is very difficult for a child to avoid being exposed to rotavirus. Prior to the initiation of the vaccine, almost all children become infected at some time within the first 3 years of life however, not all infections cause severe diarrhea.

Hepatitis A (HAV):

The hepatitis A virus infects at least 180,000 Americans every year and causes symptoms in about 134,000 of them. Almost 30% are children under age 15. Hepatitis A, formerly called infectious hepatitis, is always acute and never becomes chronic. The virus is excreted in feces and transmitted by contaminated food and water. Eating shellfish taken from sewage-contaminated water is a common means of contracting hepatitis A. It can also be acquired by close contact with individuals infected with the virus. It is estimated that 11% to 16% of reported cases occur among children or employees in daycare centers or among their contacts. The hepatitis A virus does not directly kill liver cells, and experts do not yet know how the virus actually injures the liver.

Proquad (Measles, Mumps, Rubella, Varicella):

Vaccination against_Measles, Mumps, Rubella, and Varicella may be given in one injection, as Proquad, or separately as the MMR and Varicella depending on the availability of Proquad.

Measles, Mumps, Rubella (MMR):

- **Measles** – The measles virus causes rash, cough, runny nose, eye irritation, and fever. It can lead to ear infection, pneumonia, seizures, brain damage, and death. It is the most contagious of all human infections and used to be a very common childhood disease. Most cases resolve without serious complications. In severe cases, however, measles can cause pneumonia, and in about one out of 1,000 cases it can lead to encephalitis (inflammation in the brain) or death. The risk for these severe complications is highest in the very young and very old. In pregnant women, measles increases the rates for miscarriage and low birth weight and birth defects in their infants.
- **Mumps** – The mumps virus causes fever, headache, and swollen glands. It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and rarely death.
- **Rubella (German Measles)** – The rubella virus causes rash, mild fever, and arthritis. If a woman gets rubella while she is pregnant, she may have a miscarriage, or her baby could be born with serious birth defects.

Note: Much controversy has arisen over unsubstantiated reports of neurologic side effects attributable to MMR. This is of great concern since such reports have resulted in a decline in immunizations in certain areas, notably affluent areas in England where the vaccination rate has dropped from 92% in 1996 to 84% currently. Here, measles outbreaks are now climbing and experts fear that unless immunization rates increase rapidly, case numbers will significantly increase. In these and other regions, some parents mistakenly believe that the dangers of immunization outweigh a dangerous childhood illness that only older people remember. It should be strongly noted that measles still cause about 745,000 deaths in unvaccinated children who live in underdeveloped countries, mostly Africa.
Most of the publicity has centered on a possible link between the MMR vaccine, which was introduced in 1988, and a variant of autism that includes inflammatory bowel disease (IBD) and impaired behavioral development. Such findings have been rigorously reviewed and refuted in a number of well-conducted studies. Of special note, a 2002 analysis of vaccination records of children born between 1979 and 1998 found no higher incidence in autism, with or without behavioral problems and gastrointestinal disorders. In the study, there was a link between impaired behavioral development and bowel problems, but they were not related to the vaccine. The popular media has incorrectly reported the possible link between autism and MMR as causing a split in the scientific community, but virtually all experts refute any association. In fact, reports of symptoms related to autism increased only after widespread publicity of this supposed side effect.

Varicella/Chickenpox (Varivax):

Chicken pox is a common childhood disease. It is usually mild; however, it can be serious, especially in young infants and adults. It is spread from person to person through the air, or by contact with fluid from chickenpox blisters. It causes a rash, itching, fever, and tiredness. It can lead to severe skin infections, scars, pneumonia, brain damage, or death. About 12,000 people are hospitalized for chickenpox each year. About 100 people die each year as a result of chickenpox.
The chickenpox vaccine is routinely given to toddlers between the ages of 12 and 18 months, however, it can be given to older children if they have not had the vaccine or the disease. Children age 13 or older receive 2 doses given 4 weeks apart.

The vaccine is 70% to 90% effective in preventing chickenpox after the first dose and up to 99% effective after the second dose. If vaccinated children get chickenpox, they have a much milder form of the disease. By being

vaccinated, you can reduce the chance of missed work and school, skin infections, medical costs, and getting shingles later in life.

Influenza:

The American Academy of Pediatrics recommends that all children age 6 to 59 months of age receive a flu shot. It is especially important for all children of any age greater than 6 months with chronic illnesses such as asthma to get a flu shot. This population of children are at a greater risk of getting severely ill, or needing to be admitted to the hospital as a result of the flu. Please plan to have your child immunized at the beginning of the flu season in late September, early October.

Gardasil:

Gardisil helps protect against 4 types of human papillomavirus (HPV): 2 types that cause 70% of cervical cancer cases, and 2 more types that cause 90% of genital warts cases. It is for girls and young women ages 9 to 26. Anyone who is allergic to the ingredients of Gardasil should not receive the vaccine. It is not for women who are pregnant and does not treat cervical cancer or genital warts. Gardasil may not fully protect everyone, and does not prevent all types of cervical cancer, so it's important to continue routine cervical cancer screenings. Gardasil will not protect against diseases caused by other HPV types or against diseases not caused by HPV. The side effects include pain, swelling, itching, and redness at the injection site, fever, nausea, dizziness, vomiting, and fainting. Gardasil is given as 3 injections over 6 months.

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DEVELOPMENTAL MILESTONES

The most rapid changes in development occur during the first year of life. A baby grows from a helpless little bundle into a walking, talking, unique personality. Almost all parents wonder if their baby is developing at the right pace. While certain behaviors and physical milestones tend to occur at certain ages, a wide spectrum of growth and behavior for each age is normal. The most reassuring signs that a child is developing normally are an alert facial expression, alert eyes, and curiosity about his/her surroundings.

MOTOR DEVELOPMENT: Motor development occurs in an orderly sequence, starting with lifting the head, then rolling over, sitting up, crawling, standing, and walking. Although the sequence is predictable and follows the maturation of the spinal cord downward, the rate at which these stages happen varies.

SPEECH DEVELOPMENT: Speech develops from cooing to babbling, to imitating speech sounds, to first words, to using words together. Again, however, the normal rate can vary considerably.

Since each child is unique it is difficult to describe exactly what should be expected at each stage of his/her development. For example, although the average child walks at 12 months, the normal age for walking is any time between 9 and 16 months of age. The following guidelines are offered as a way of showing a general progression through the developmental stages. They should be used as a guideline only, not as a fixed requirement for normal development. Your child's individual development will be addressed at each well child visit. If at any point you have any concerns related to your child's own pattern of development, please contact our office.

Babies 0 – 3 months:
Smiles
Lifts head while on stomach
Looks at an adult's face
Looks at and follows bright colors
Makes cooing sounds

Babies 3 – 6 months:
Rolls over
Turns to find your voice
Plays with hands and feet
Brings most objects to his/her mouth
Reaches out toward objects with both hands
Recognizes the difference between happy and sad voices

Babies 6 – 9 months:
Begins to crawl
Smiles at mirror image
Babbles
Begins to sit without assistance
Starts learning games like "peek-a-boo"
Explores objects closely with eyes and hands

Babies 9 – 12 months:
Pulls to standing
Takes a few steps while holding on
Copies your sounds
Uses 1 to 3 words
Understands more than they say
Drops and throws objects
Holds a bottle

Toddlers 12 – 18 months:

Likes to imitate
Has rapid mood shifts
Has difficulty in sharing
Physical growth slows down
Self-help skills begin to develop
Enjoys looking at picture books
Enjoys object-hiding activities
Helps pick up and put away toys
Speech is 25 percent intelligible
Responds to simple questions with yes or no

Toddlers 18 – 36 months:

Affectionate – offers hugs and kisses
Plays well with others or alone
Enjoys talking about pictures
Likes repetition
Likes to help feed and dress him/her self
Possessive over playthings
Still developing bowel and bladder control
Appetite decreases
Not very flexible
Says "no" a great deal

If your child does not meet the following developmental milestones, please contact our office.

Speech and hearing:

- Makes gurgling, cooing, or babbling sounds by age 3 months.
- Turns head to quiet sounds or whispers by age 9 months.
- Makes "ma-ma" and "da-da" sounds by age 12 months.
- Uses at least 10 specific words by age 2 years.

Fine motor skills:

- Plays with hands by touching them together by age 6 months.
- Uses fingers to put pieces of food in mouth by age 12 months.
- Uses a cup without spilling by age 18 months.

Gross motor skills:

- Rolls over by age 6 months.
- Sits without support by age 9 months.
- Supports own weight on legs when held under the arms by a parent by age 9 months.
- Walks across a large room without help by age 18 months.

WAYS TO STIMULATE YOUR CHILD'S NORMAL DEVELOPMENT:

Hold your baby as much as possible. Touching and cuddling is good for your baby. Give him or her lots of eye contact, smiles, and affection. Use feedings as a special opportunity for these warm personal interactions.

Talk to your baby. Babies of all ages enjoy being talked and sung to. Babies must first hear language before they can use it themselves. You don't need a script--just put into words whatever you are thinking and feeling.

Play with your baby. If this doesn't come easy for you, try to loosen up and rediscover your free spirit. Respond to your baby's attempts to initiate play. Provide your baby with various objects of interest. Toys need not be expensive; for example, homemade mobiles, rattles, spools, pots and pans, and boxes. Encourage your baby's efforts at discovering how to use his or her hands and mind.

Read to your baby. Even 4-month-olds enjoy looking at pictures in a book. Cut out interesting pictures from magazines and put them in a scrapbook for your baby. Look at the family photo album. By 8 months of age, begin reading stories to your child.

Show your baby the world. Enrich his or her experience. Point out leaves, clouds, stars, and rainbows. Help your toddler describe what she sees or experiences. Everything we see or do has a name.

Provide your child with social experiences with other children by age 2 years. If he or she is not in day care, consider starting or joining a playgroup. Young children can learn important lessons from each other, especially how to get along with other people.

Avoid formal teaching until age 4 or 5. Some groups have recently overemphasized academic (cognitive) development of young children. The effort to create "superkids" through special lessons, drills, computer programs, and classes can put undue pressure on young children and may result in an early loss of interest in learning. Old-fashioned creative play and spontaneous learning provide a foundation for later academic efforts and are much more beneficial during the early years.

IMPORTANT TELEPHONE NUMBERS

East Lake Pediatrics – Trinity	**(727) 372-6760**
East Lake Pediatrics – Palm Harbor	**(727) 772-1452**
All Children's Hospital – St. Petersburg	(727) 892-4104
Bayfront Medical Center – St. Petersburg	(727) 893-6390
Healthy Start – Pinellas	(727) 824-6900
Mease Hospital Maternity Center – Dunedin	(727) 734-6962
Mease Hospital – Countryside	(727) 725-6100
Morton Plant Women's Center – Clearwater	(727) 298-6350
Palm Harbor Pediatric Urgent Care Center - Palm Harbor	(727) 787-5439
Pinellas County Health Department – Clearwater	(727) 469-5800
Poison Control	**1-800-222-1222**
St. Joseph's Hospital – Tampa	(813) 870-4000
The Depression After Delivery hotline	1-800-944-4773
The Family Health Line	1-800-451-2229

SUGGESTED READINGS

The Happiest Baby on the Block: The New Way to Calm Crying and Help Your Baby Sleep Longer
By: Harvey Karp, M.D.
Bantam Books, New York, 2002

Caring for Your Baby and Young Child, Birth to Age 5
American Academy of Pediatrics
By: Steven Shelov, M.D.
Bantam Books, New York, 1991

What to Expect the First Year
By: Arlene Eisenberg, Heidi E. Murkoff, and Sandee E. Hathaway, B.S.N.
Workman Publishing, New York, 1996

The Complete Book of Breastfeeding
By: Marvin S. Eiger, M.D. and Sally Wendkos Olds
Workman Publishing, New York, 1989

Vaccines: What You Should Know
By: Paul Offit, M.D. and Louis Bell, M.D.
Wiley Publishing 2003

INTERNET ADDRESSES

eastlakepediatrics.com
cispimmunize.org
aap.org
cdc.gov
thehappiestbaby.com
drgreene.com

ACKNOWLEDGMENTS

MDConsult.com
Elsevier, Inc., St. Louis, MO

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IMMUNIZATION RECORD:

HBV: _____ Dose 1 _____ Dose 2 _____ Dose 3

DTaP: _____ Dose 1 _____ Dose 2 _____ Dose 3 _____ Dose 4 _____ Dose 5

HiB: _____ Dose 1 _____ Dose 2 _____ Dose 3 _____ Dose 4

IPV: _____ Dose 1 _____ Dose 2 _____ Dose 3 _____ Dose 4

Pentacel*: _____ Dose 1 _____ Dose 2 _____ Dose 3 _____ Dose 4

Prevnar: _____ Dose 1 _____ Dose 2 _____ Dose 3 _____ Dose 4

Rotateq: _____ Dose 1 _____ Dose 2 _____ Dose 3

MMR: _____ Dose 1 _____ Dose 2

Varicella: _____ Dose 1 _____ Dose 2

Proquad†: _____ Dose 1 _____ Dose 2

TDaP: _____ Dose 1

HAV: _____ Dose 1 _____ Dose 2

Menactra: _____ Dose 1

HPV: _____ Dose 1 _____ Dose 2 _____ Dose 3

*Pentacel is a combination vaccine that may be substituted for DTaP, IPV, and HIB at 2, 4, 6, and 18 months of age.
†Proquad is a combination vaccine that may be substituted for MMR and Varicella at 15 months and 5 years of age.

Note that the availability of combination vaccines varies and sometimes are not available. Because of this and occasional updates to the routine vaccination recommendations, the immunizations your child receives at East Lake Pediatrics may differ from the schedule listed in this guide.

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Date:	Weight:	Length:	Head Circumference: